



**Transitional Living & Independent Living Skills Program Grievance Procedure**

Should you wish to file a formal complaint about any aspect of the Transitional Living Program or if you should have any difference/disagreement/discrimination arise between you and your Case Manager, a grievance procedure has been established. Please be assured that the filling of a grievance will not reflect unfavorably with your participation in the Program.

1. Whenever possible grievances should be resolved informally between you and your Case Manager if possible. Any and all other concerns should follow step #2.
2. If you are not satisfied with the outcome of speaking with your Case Manager **OR** if you are filing a complaint for any other reason, you may put your complaint in writing stating any concerns of the matter, how the issue effects you, and what you feel the fair solution should be and send this to the Program Manager:

Meika Burnikel -Program Manager  
P.O. Box 22308  
Green Bay, WI 54305-2308

**Or** drop off your complaint at 815 Klaus Street  
(920) 438-1616 ext. 2101

3. The Program Manager will investigate the issue, gather facts from the incidence and/or both the Case Manager and the Participant and assist the participant in finding a satisfactory solution within 7 days.
4. If you are still not satisfied with the outcome after working with the Program Manager, you may put your complaint in writing along with a request to meet with the Family Services Clients Rights Specialist:

Sherri Dessell –Human Resource Director  
P.O. Box 22308  
Green Bay, WI 54305-2308  
(920) 436-4360 ext. 1310

5. The Family Services Clients Rights Specialist will review the letter, speak with the Program Manager and the Participant and follow the Family Services Grievance Procedure located in the brochure you were given at the time of admittance into the TLP/ILS program.

\*\* Please note: While a grievance is being investigated, the tenant must continue to comply with all of the terms of the TLP contract and lease. \*\*

**I acknowledge by signing this form that I have received a Family Services Grievance Procedure Policy and understand and agree to comply with the Family Services grievance process.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**A copy of this form has been copied and given to the participant** \_\_\_\_\_/  
**Staff Initials/Participant Initials**



